Michigan Department of Treasury 628, Formerly L-4155 (Rev. 10-04)

Noti	ice by Ow	Office Use Only								
or C	Omitted French Inder authority of Sec	File Number								
	RUCTIONS: This	Assessment Unit Number								
	Name of Property O		Telephone Number							
OWNER	Owner's Address (Number, Street, City, State and ZIP)									
55	Name of Agent					Telephone Number				
AGENT (if any)	Agent's Address (Number, Street, City, State and ZIP)									
PROPERTY AND ASSESSMENT ROLL INFORMATION										
County	Where Property is Lo	ocated		City or Township or Villac	je and Township					
School	District		Intermediate School Distric	ct	Community College Distr	ict				
Propert	y Index Number (or e	nter property description bel	ow)	Property Classification						
Propert	y Description			1						
Assessed Value Complete the applicable Assessed Value lines below when the notice is for a change in Assessed Value.				Taxable Value Complete the applicable Taxable Value lines below when the notice is for change in Taxable Value. For most personal property, the figures on the lines below will be the same as the figures under Assessed Value. For omitted real property, the amount of omitted Taxable Value may be less than the amount of omitted Assessed Value (see page 6 of State Tax Commission Bulletin 3 of 1995).						
	r(s) For Which ice Was Given	Assessed Value on Assessment Roll	Requested Assessed Value	Year(s) For Which Notice Was Given	Taxable Value or Assessment Rol	•				
prope	rty statement and	the amended personal	ation. For incorrectly repor property statement. For eviously included in the ass	omitted real property, p	include a copy of the tire	nely-filed personal or other documentation				
	e property covered		nership during the time pe	eriod starting with the e	arliest year for which a	change is being requested				
•	re of Owner or Agent	103				Date				

FILING INSTRUCTIONS: When you have completed this side of the form, send or carry one copy to your local assessor, who will complete the reverse side and file the fully completed form with the State Tax Commission (STC). The STC's jurisdiction under MCL 211.154 is limited to correcting assessments for the current assessment year (the year of discovery and disclosure to the STC) and two immediately preceding years. You may immediately submit a second copy of this form, with this side completed, to the STC at the address on the back of this form. Your failure to do so by December 31 of the current calendar year may affect the STC's jurisdiction to consider all of the assessment years that you have included on this form.

INSTRUCTIONS: This side is to completed by the assessor.

SUPPLEMENTAL TAX RATE INFORMATION

If this notice is for either or both of the tax years immediately preceding the current year, the assessor shall list for each year covered by this notice the total tax rate levied in the city or township in which the property is located. The total annual tax rate levied must include the total village tax rate, if applicable. If this notice is for omitted real property upon which "millage rate" special assessments were levied, list those rates separately below. Do not include special assessments levied in specific dollar amounts.

Year Covered By Notice	SUMMER Total Tax Rate Levied	WINTER Total Tax Rate Levied		Total Annual Tax Rate Levied						
SPECIAL ASSESSMENT RA	TES. Complete lines below for	or special asse	ssment millag	e rates	only					
Year Covered By Notice	SUMMER Special Assessment Rate Levied	WINTER Spec Rate I		Total Annual Special Assessment Rate Levied						
Is this property assessed on the Indu	strial Facilities Tax Assessment Roll, the	e Commercial Facil	ties Tax Assessme	ent Roll th	e Technology Park					
Facilities Assessment Roll or the roll			yes, specify which r		o realmology rank					
Answer the following question if this re February 20 for each year that this no	notice is for personal property. Did the obtice covers? Yes No	owner complete and If no, indicate years								
	REEMENT WITH THIS REQUE by the assessor or equalization direct	_								
I concur (agree) with this request for corrected Assessed Value and/or Taxable Value.										
	st for corrected Assessed Value and/or a ax Commission an explanation of the re			lization dir	rector who checks this					
Name of Assessor or Equalization Director	r		Title		Assessor Certification Number					
Address (Number, Street, City, State and 2	ZIP)		1							
Signature of Assessor or Equalization Dire	ctor		Date		Telephone Number					
Comments or Explanations					1					

Send this completed form to: The State Tax Commission Michigan Department of Treasury PO Box 30471 Lansing, MI 48909-7971